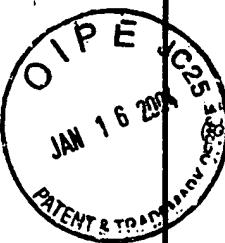


**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)



| | | | |
|--|--|------------------------|--------------------|
| | | Application Number | 10/676,312 |
| | | Filing Date | September 30, 2003 |
| | | First Named Inventor | Hao Pan, et. al. |
| | | Group Art Unit | 2871 |
| | | Examiner Name | |
| Total Number of Pages in this Submission | | Attorney Docket Number | KLR:7146.0167 |

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee transmittal <input type="checkbox"/> Fee attached form | <input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing Related Papers | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosures (identify below) |
| <input type="checkbox"/> Amendment <input type="checkbox"/> After Final/ Response <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund | Form 1449 with listed prior art; a duplicate copy of this Transmittal Letter; and an acknowledgment Postcard, |

Remarks: *Commissioner is authorized to charge any additional fee, or credit any overpayment, to Deposit Account No. 03-1550. A duplicate copy of this Transmittal Form is enclosed for purposes of use with Deposit Account No. 03-1550 as stated herein.*

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

| | |
|-------------------------|---|
| Firm or Individual Name | Kevin L. Russell of CHERNOFF, VILHAUER, Mc CLUNG & STENZEL, LLP |
| Signature | |
| Date | January 13 2004 |

CERTIFICATE OF MAILING

I hereby certify that, on the date below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Mail Stop Patent Applications (IDS), Commissioner for Patents, Post Office Box 1450, Alexandria, VA 22313-1450.

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| Type or print name | Kevin L. Russell | | |
| Signature | | Date | January 13 2004 |